

## Complete Summary

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### TITLE

Major depressive disorder: percent of patients with a positive screen for depression with a follow-up assessment or referral.

### SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of patients with a positive screen for depression with a follow-up assessment or referral.

This measure is a component of a composite measure; it can also be used on its own.

### RATIONALE

A recent meta-analysis of 18 studies that compared various depression screening instruments to accepted diagnostic criteria in primary care patients estimated an overall sensitivity of 84% and specificity of 72% for these tests. The authors calculated that screening 100 primary care patients (prevalence of major depression 5%) would identify 31 patients with a positive screen, 4 of whom actually have major depression.

### PRIMARY CLINICAL COMPONENT

Major depressive disorder; follow-up of screening

### DENOMINATOR DESCRIPTION

The number of patients with a positive screen for depression who are seen at least once by a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP) at a specified clinic during a 12-month period

### NUMERATOR DESCRIPTION

The number of patients from the denominator with a positive screen for depression whose medical record contains documentation demonstrating a follow-up assessment or referral

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Process

#### SECONDARY MEASURE DOMAIN

Not applicable

#### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

#### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [VHA/DOD clinical practice guideline for the management of major depressive disorder in adults.](#)

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Wide variation in quality for the performance measured

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

External oversight/Veterans Health Administration  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Behavioral Health Care

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Unspecified

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Major depressive disorder, diagnosed by structured psychiatric interviews and specific diagnostic criteria, is present in 5%-13% of patients seen by primary care physicians. The prevalence of this disorder in the general population is about 3%-5%.

### EVIDENCE FOR INCIDENCE/PREVALENCE

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): William & Wilkins; 1996. Screening for depression. p. 541-6. [46 references]

### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

### BURDEN OF ILLNESS

The suicide rate in depressed persons is at least 8 times higher than that of the general population. Depressed persons frequently present with a variety of physical symptoms--three times the number of somatic symptoms of controls in one study. If their depression is not recognized, these patients may be subject to the risks and costs of unnecessary diagnostic tests and treatment.

#### EVIDENCE FOR BURDEN OF ILLNESS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): William & Wilkins; 1996. Screening for depression. p. 541-6. [46 references]

#### UTILIZATION

Unspecified

#### COSTS

The annual economic burden of depression in the U.S. (including direct care costs, mortality costs, and morbidity costs) has been estimated to total almost \$44 billion.

#### EVIDENCE FOR COSTS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): William & Wilkins; 1996. Screening for depression. p. 541-6. [46 references]

### Institute of Medicine National Healthcare Quality Report Categories

#### IOM CARE NEED

Staying Healthy

#### IOM DOMAIN

Effectiveness

### Data Collection for the Measure

#### CASE FINDING

Users of care only

#### DESCRIPTION OF CASE FINDING

All eligible patients not already reviewed during the 12-month period who visited 1 of a specified list of outpatient clinics and had documentation in the medical record of a positive screen for depression

## DENOMINATOR (INDEX) EVENT

Clinical Condition

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

All patients seen in one of the following 8 clinics:

- Primary Care
- General Medicine
- Cardiology
- Endocrinology/Metabolism
- Diabetes
- Hypertension
- Pulmonary/Chest
- Women's Clinic

All patients seen in one of the above clinics and seen by a:

- Physician (MD or DO),
- Physician Assistant (PA), or
- Nurse Practitioner (NP)

### Exclusions

All patients whose current year qualifying visit was at a tertiary facility for a specialty consult only (no other primary care or general medicine visit at the tertiary center)

Patients already having a diagnosis of depression and under treatment are excluded. Treatment can include group or individual therapy, being actively followed by a clinician for the diagnosis, and/or prescription for an antidepressant drug.

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

The follow-up assessment could be accomplished in either Primary Care or Mental Health.

Referral to Mental Health is an acceptable response for the measure.

Follow-up by a Primary Care Practitioner can include any one of the following:

- Assess if patient is at high risk (marked psychotic symptoms, suicidality potential for violence, delirium)
- Further questions regarding current signs and symptoms of depression
- Obtain careful psychiatric history looking for past depressive episodes
- Attention to "red flags"

Exclusions  
Unspecified

#### DENOMINATOR TIME WINDOW

Time window follows index event

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative and medical records data

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison  
Prescriptive standard

#### PRESCRIPTIVE STANDARD

Fiscal year (FY) 2002 major depressive disorder (MDD) follow-up indicator component target:

- Fully successful: 85%
- Exceptional: 90%

## EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

CPG-MDD screen f/u.

#### MEASURE COLLECTION

[Fiscal Year \(FY\) 2002: Veterans Health Administration \(VHA\) Performance Measurement System](#)

#### MEASURE SET NAME

[Clinical Practice Guidelines \(FY 2002\)](#)

#### COMPOSITE MEASURE NAME

[Major Depressive Disorder](#)

#### DEVELOPER

Veterans Health Administration

#### ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

2001 Nov

#### REVISION DATE

2002 Mar

#### MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

#### SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

#### MEASURE AVAILABILITY

The individual measure, "CPG-MDD Screen f/u," is published in "FY 2002 VHA Performance Measurement System: Technical Manual." This document is available in Word format from the [Veterans Health Administration Web site](#).

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#### NQMC STATUS

This NQMC summary was completed by ECRI on September 27, 2002. The information was verified by the Veterans Health Administration on October 29, 2002.

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